

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

292-102

First Named Inventor

Floyd W. Moir

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL INSPECTION SYSTEM AND METHOD OF USE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 21091 OR ☐ Correspondence address below
or Bar Code Label

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Address

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name Floyd W.
(first and middle [if any])

Family Name Moir
or Surname

Inventor's
Signature

Floyd W. Moir

Date

10/27/03

Residence: City

Seymour

State

CT

Country

US

Citizenship

US

Mailing Address

9 Spindle Road

City

Seymour

State

CT

ZIP

06483

Country

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Karl
(first and middle [if any])

Family Name Cressotti
or Surname

Inventor's
Signature

Karl G. Cressotti

Date

10-28-03

Residence: City

Cheshire

State

CT

Country

US

Citizenship

US

Mailing Address

821 Ives Row

City

Cheshire

State

CT

ZIP

06410

Country

US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Floyd W. Moir

Title

OPTICAL INSPECTION SYSTEM.

Group Art Unit

Examiner Name

Attorney Docket Number

292-102

I hereby appoint:

☒ Practitioners at Customer Number

21091

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Floyd W. Moir

Signature

Floyd W. Moir
10/27/03

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Floyd W. Moir |
| Title | OPTICAL INSPECTION SYSTEM |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 292-102 |

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I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--------------------------|
| Name | Karl Cressotti |
| Signature | <i>Karl C. Cressotti</i> |
| Date | 10-28-03 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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